ANNUAL REPORT

1990-91

The front cover features the logo adopted by the Saskatchewan Cancer Foundation this year. It was hoped that our Mission and the four major areas of our mandate — Prevention, Treatment, Research and Education — would be incorporated in the symbol, while focusing on the individual we serve.

This design captures all those characteristics. Created by Brian Wood Design Studio in Regina, the four areas are represented by the circle segments which, while being distinct entities, are interdependent and to alter one impacts the focus, much like a camera lens. These overlapping segments surround the human figure, representative of "people" who must always remain our central focal point.

92-03554/

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Letter of Transmittal

The Honourable Louise Simard
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Ms. Simard:

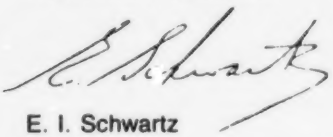
As Chairman of the Saskatchewan Cancer Foundation Board of Directors, I have the honour to submit herewith the report of the activities of the Foundation for the fiscal year ending March 31, 1991.

We were pleased to welcome two new members to our Board in the past year — Mrs. Pat Krueger from Swift Current, and Mrs. Joy Olorenshaw from Marengo.

We regretted saying goodbye to Dr. Roy West, who moved to Newfoundland in early 1991. Dr. West represented Saskatchewan Health and brought an important perspective to the Board's business.

It is our hope that there will be opportunities in the coming months to discuss with you and your officials the directions of the cancer program in Saskatchewan.

Respectfully submitted,



E. I. Schwartz
Chairman

Mission Statement

"To Achieve Excellence in Patient Care and Cancer Control"

Principles

1. Provision of the highest quality patient care.
2. Recognition of physical, emotional and spiritual aspects of patient care.
3. Consideration of patient dignity and rights.
4. Provision of equal access to cancer treatment, to the extent possible.
5. Maintenance of up-to-date expertise in professional staff.
6. Incorporation of clinical and basic research in the cancer program.
7. Integration of professional and public education in the cancer program.
8. Provide ongoing evaluation of the effectiveness of services.
9. Ensure cost effective use of resources.
10. Maintain interaction with related interest groups.

Organization

Board of Directors

Mr. Elmer Schwartz, Saskatoon (Chairman)
Mrs. Donna Cowie, Alida
Mrs. Paula Jolly, Mossbank
Mrs. Pat Krueger, Swift Current*
Dr. William MacRae, Regina
Dr. Ian McDonald, Saskatoon
Mr. Arthur Meister, Radisson
Mrs. Joy Olorenshaw, Marengo*
Mr. Denis Smail, Saskatoon
Dr. Roy West, Regina**

* Commenced June, 1990
** Resigned December, 1990

Committees

Executive Committee

Mr. E. I. Schwartz, Chairman
Mrs. D. Cowie
Dr. I. M. McDonald
Mr. D. Smail

The Executive Committee of the Board considers urgent business of the Foundation which may arise between regular meetings of the Board of Directors.

Finance and Personnel Committee

Mrs. D. Cowie, Chairperson
Mrs. P. Jolly
Mrs. P. Krueger
Dr. W. D. MacRae
Mr. A. Meister
Mrs. J. Olorenshaw
Mr. E. I. Schwartz (ex officio)

The Finance and Personnel Committee makes recommendations to the Board regarding the financial operation of the cancer program.

Medical Advisory Committee

Dr. D. F. White, Saskatoon; Chairman
Dr. P. Duffy, Regina
Dr. H. Estey, Saskatoon
Dr. A. V. Eustace, Wolseley
Dr. G. H. Ewing, Regina
Dr. T. S. Goh, Regina
Dr. E. Kostashuk, Saskatoon
Dr. H. McKee, Saskatoon
Dr. D. R. Popkin, Saskatoon
Dr. K. R. Visvanathan, Estevan

The Medical Advisory Committee advises the Foundation on the provision of medical services and related matters.

Organization

Research Committee

Mr. P. H. Peters, Regina; Chairman
Dr. S. Carlsen, Saskatoon
Dr. D. V. Cormack, Calgary
Dr. G. H. Ewing, Regina
Dr. L. Skarsgard, Vancouver
Dr. D. F. White, Saskatoon

The Research Committee advises the Foundation on the awarding of grants to support research projects initiated by Foundation staff, or by other researchers collaborating with Foundation staff.

Joint Liaison Committee

Mr. E. I. Schwartz, Saskatoon
Mr. P. H. Peters, Regina
Mr. H. Ellis, Canadian Cancer Society
Mr. G. O. Thomas, Canadian Cancer Society

The Joint Liaison Committee addresses matters which are of mutual concern to the Saskatchewan Cancer Foundation and the Canadian Cancer Society, Saskatchewan Division.

Strategic Planning Committee

Mr. P. H. Peters, Chairman
Mrs. M. Brown
Mrs. D. Cowie
Mrs. L. Eberts
Dr. G. Ewing
Mrs. P. Jolly
Mrs. K. Kummerfield
Mrs. V. Lusk
Dr. D. White

Screening Program for Breast Cancer Advisory Committee

Dr. J. Baldwin, Regina; Chairperson
Dr. J. Adolph, Saskatoon
Mr. R. Allen, Regina
Dr. P. Chernesky, Nipawin
Dr. J. Edouard, Saskatoon
Dr E. Hunter, Regina
Dr. S. Liem, Regina
Dr. B. Norris, Saskatoon
Dr. H. Phillips, Regina
Dr. E. Wasif, Saskatoon

Program Management

Mr. P. H. Peters	Executive Director
Dr. D. F. White	Medical Director
	Director, Saskatoon Cancer Centre
Dr. G. H. Ewing	Director, Allan Blair Memorial Clinic
Mrs. L. Eberts	Director, Screening Program for Breast Cancer
Mr. D. L. Benson	Director, Computer Services
Mrs. K. Kummerfield	Director, Human Resources
Mrs. V. J. Lusk	Director, Finance
Mr. O. H. Pratt	Director, Personnel*
Mrs. D. L. Robson	Director, Data Services

* Resigned October, 1990

Cancer Control Program

The Saskatchewan Cancer Foundation is responsible for the development and operation of the Saskatchewan Cancer Program. The Foundation's two cancer clinics — the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Centre — provide diagnostic services, radiotherapy and chemotherapy treatment and follow-up services. They also serve as centres for the co-ordination of a multi-disciplinary approach to all aspects of care and treatment for cancer patients. Clinic staff work closely with the patient's family physician, consulting physician and surgeon, and other persons not directly employed by the Foundation to ensure the provision of high quality treatment and follow-up care.

The Cancer Foundation has assumed administrative responsibility for the Screening Program for Breast Cancer, a provincially-funded program aimed at the early detection and diagnosis of breast cancer.

Nature and Scope of Services

The program offered by the Saskatchewan Cancer Foundation incorporates prevention, detection, diagnosis, treatment and follow-up of patients with malignant or premalignant disease. As a part of this comprehensive program, the Foundation is involved in teaching and research which is complementary to the service activities.

Since only patients referred by doctors are admitted to the Cancer Control Program, the responsibility for suspecting cancer and facilitating its detection at the earliest possible times rests with the family doctor. When the family physician suspects the presence of cancer, and has completed the investigations, a diagnosis should be arrived at and an evaluation made as to the extent of the disease and the treatment required as soon as possible. To facilitate this process the patient should be referred to the cancer clinic or appropriate specialists, whichever is most suitable. In all cases, the patient must be registered with the program within 14 days of making the diagnosis of cancer.

When a malignant condition is discovered, the clinic medical staff, the patient's physician, and consultant specialists plan and carry out a treatment program. If surgery forms part of the treatment, the patient and physician may choose an appropriate qualified surgeon from a surgical roster maintained by the Foundation. If radiotherapy forms part of the treatment plan, it is administered by radiation oncologists on the staff of the clinics. Chemotherapy, the treatment of cancer through the administration of chemical agents, is carried out by clinic medical staff and by other physicians in consultation with clinic staff.

Regular follow-up examination of patients treated for cancer is a vital procedure in detecting recurrent disease and for assessing the effectiveness of treatments. The Saskatchewan Cancer Foundation maintains a comprehensive follow-up activity with all patients receiving regularly scheduled examinations after treatment by either personnel of the clinics, consultant specialists or their family physician.

The staff of each clinic, in co-operation with the patient's family physician and consultant specialists, attempt during treatment and follow-up to prepare the patient both physically and psychologically for the future. Those who must be fitted with prosthetics are given instructions on how to adapt to them, while patients with certain disabilities are cared for at the Wascana Rehabilitation Centre in Regina or the rehabilitation unit of the Royal University Hospital in Saskatoon. Patients and their families often go through successive periods of stress and readjustment when faced with problems created by a diagnosis of cancer. Social workers at each clinic are available to meet the social and emotional needs of the cancer patients and their families.

Report of the Chairman and Executive Director

The Foundation's Mission, "To Achieve Excellence in Patient Care and Cancer Control" has been a challenge as we attempted to maintain our service component, enhance our education and research involvement, and develop the screening program for breast cancer, all in an atmosphere of increasing economic restraint. This report, together with that of Dr. David White, the Medical Director, provides an overview of our progress in meeting these demands.

In January, 1990 the Cancer Foundation assumed responsibility for the Screening Program for Breast Cancer pilot project as a result of a recommendation of the Deputy Minister's Task Force on Breast Cancer Screening. As a first initiative, a stationary unit was established in Regina in April, 1990, to be followed in September by a mobile unit operating out of Prince Albert and covering an area north of Saskatoon extending from Hudson Bay to North Battleford. The pilot project will provide direction in planning for a province-wide program by the end of 1992. Responsibility for program direction and evaluation has been assigned to an Advisory Committee and future planning will be guided by the Committee's recommendations following the first year of operation. In its initial months the program has proven to be extremely popular. There have been many contributors to its successful implementation, and the Foundation particularly acknowledges the contributions of the Canadian Cancer Society, Saskatchewan Division, and the Women's Auxiliary of the Royal Canadian Legion.

During the year, the Foundation's planning focused on formulating its Five Year Plan, moving the Allan Blair Memorial Clinic (ABMC) treatment and facility requirements forward, and preparing for an anticipated funding shortfall in the next fiscal year. The Five Year Plan, which reflected the program's staffing and equipment requirements for 1991 to 1995, was submitted to Government in December, 1990. Workload projections, cancer incidence and treatment trends provided an expectation of what would be required for the Foundation to meet the increasing need. At an early date, Foundation and Government officials need to define a process for moving this plan forward in order to avoid crisis situations in equipment and staffing.

It was not until February, 1991 that agreement was reached to retain a consultant cancer specialist to review and advise on the needs of the ABMC in the context of the Foundation's province-wide program. A Task Force consisting of Dr. Martin Jerry and Dr. Peter Corbett of the Tom Baker Cancer Centre in Calgary was commissioned to do a study which will get underway in April, 1991. While we do not wish to pre-empt the work of the consultants, expansion of the ABMC's radiotherapy treatment capacity is critical as patients are waiting an inordinate length of time for this treatment.

Considerable energy was expended during the latter months of the fiscal year preparing for anticipated "belt tightening". The cost of chemotherapy drugs has contributed significantly to increases in the Cancer Foundation's budget. The 1990-91 increase in drug costs of 19 percent had to be absorbed in the overall operating budget increase of 11 percent. Approximately 23 percent of the Cancer Foundation budget is related to the payment of community physicians who provide cancer services to patients. The Foundation has an agreement with the Medical Care Insurance Branch to act as its paying agent. Because this is a large part of our budget over which we have little control, we must pursue options of transferring this item out of our budget.

The increase of 3.6 percent provided to the cancer program in the government's 1991-92 budget will require significant restructuring of the Foundation's program and will, of necessity, require a reduction in the level of service provided.

Report *continued*

The Foundation has been able to maintain its full complement of oncologists and physicists and there has been some stabilization in radiotherapy technologist staffing. We are pleased that the radiotherapy technologist training program in the clinics was successful in obtaining a further five year accreditation status. It is anticipated these programs will provide sufficient manpower to meet our future technologist needs.

During the course of the year, the Board had opportunity to review the report of the Commission on Directions in Health Care. While in large part, those recommendations were consistent with the advice contained in the Foundation's brief to the Commission, the suggested renaming of the Foundation and the structuring of the Board of Directors of the Foundation should be a focus of further discussion with government officials.

Through collaborative efforts with Saskatchewan Health and the Canadian Cancer Society, Saskatchewan Division, the Foundation has been involved in a national initiative entitled, "Cancer 2000: Strategies for Cancer Control in Canada". This two year project was mandated to develop a comprehensive framework for the co-ordination of cancer control activities in Canada and is supported by grants from Health & Welfare Canada and the Canadian Cancer Society. Through the efforts of our Provincial Work Group (PWG), we were able to provide our province's perspective to this undertaking which, at the same time, established important stakeholder interaction. It is hoped that this initial venture will expand to ensure that the people of our province are the benefactors of a co-ordinated cancer service.

The Foundation has been appreciative of donations which the clinics' trust funds received in the form of "in memoriam" contributions, private donations, estate bequests and charitable organization contributions. The funds are used for educational and capital acquisition purposes or accommodating the wish of the donor. Two significant expenditures were made from the funds this year; a grant of $43,000.00 was provided to CME/CNE for the provision of cancer education; the second expenditure was a $50,000.00 donation to the province's MRI fund. As this piece of equipment is extremely important in the diagnosis of certain tumours, the Foundation was pleased to participate in the acquisition of this technology for Saskatchewan.

The Saskatchewan Cancer Foundation administers a dynamic and expanding program focused on the provision of a quality service to an increasing number of the province's population. The organization is staffed by a dedicated group of individuals whose focus is on the provision of quality care. The successes of the current year are a tribute to that dedication.

E. I. Schwartz

P. H. Peters

Report of the Medical Director

The Saskatchewan Cancer Foundation, in recognition of the new emphasis in health care on analysis, has been involved in analysis of both the organization of the Cancer Foundation itself, and patient services as they are delivered both in the cancer clinics and in the community at large.

Although it has always been recognized that the strength of the cancer program is dependent on the interaction between health care providers outside the Cancer Foundation interacting with those specialists available within the two cancer centres, there is societal pressure to re-emphasize and strengthen those interrelationships. The Medical Advisory Committee, with pertinent input from the Saskatchewan Medical Association, has provided important new considerations for that interaction.

Society is interested in cancer care. A manifestation of that interest has been Cancer 2000, which is a vehicle to identify the need for enhanced co-ordination of cancer control efforts. There seems little doubt that there is an interest in the provision of cancer services in closer proximity to the patient's community. The Cancer Foundation will play a central role in this activity as a source of expertise in the provision of that care and in the process of maintaining the quality of care available in the local community. It is critical while allowing for the development of cancer care within the communities, that the strength of the cancer centres be maintained.

There is an obvious deficiency in terms of the facility available in the Regina Clinic for the provision of radiation therapy and that can only be addressed by the provision of further equipment and personnel.

One of the modalities in the treatment of malignant disease is chemotherapy. The expenditure for drugs has increased significantly over the past few years, in part because of the introduction of new, more effective, less toxic agents, and the identification of new treatment programs for patients who in the past had not been treated. The cost of drugs for the treatment of cancer patients is increasing at a rate which impacts on other aspects of the cancer program. We will need to work co-operatively and creatively to resolve this concern.

Research is a continued central aspect to the cancer program. Without research, new developments cannot occur and without research, an assessment of the ongoing process is difficult. The Cancer Research Unit at the Saskatoon Cancer Centre has made significant advances in the last year. There has been relocation of a number of research scientists from the University of Saskatchewan and new scientists have been attracted to the Unit. Dr. James Xiang was recruited with funds from the National Cancer Institute of Canada Terry Fox Regional Development Fund. It is especially pleasing to note that Dr. Xiang has been successful since his arrival in obtaining a scholarship from the Medical Research Council of Canada.

Clinical trials activity continues its important emphasis on quality assurance and the introduction of state-of-the-art treatment early for Saskatchewan patients with cancer.

The Foundation is most appreciative of the commitment by the provincial government of financial support for our research program. That support, coupled with other sources, has provided the funding for 17 research projects.

Report *continued*

A recent development, in collaboration with the College of Medicine at the University of Saskatchewan, is the development of a Cancer Epidemiology Unit. This research is of importance relative to causation of cancer, early diagnosis and analysis of ongoing care for cancer patients. Important epidemiologal research questions will be answered by this Unit, hopefully leading to enhanced treatment programs.

The Cancer Foundation has a continuous involvement in monitoring the cancer program and adapting it to the changing environment. In that adaptation, the strengths of the program as it has now been developed must be maintained to provide high quality service for patients with cancer and to maintain credibility of the program in the cancer community in Canada.

D. F. White

Allan Blair Memorial Clinic Statistics

Statistics

Patient Visits

	1986	1987	1988	1989	1990
New Cases	1365	1281	1231	1341	1504
Review Cases	15194	15839	15250	14989	14965
Radiotherapy	12848	13126	14060	14583	14817
Chemotherapy*		3088	2881	—	4218

* A system for chemotherapy to collect information on the number of intravenous treatments was implemented in 1987.

Number of Patients Treated by External Radiation

	1986	1987	1988	1989	1990
Linear Accelerator	672	871	879	860	886
Cobalt	157	14	42	13	0
X-ray	134	160	110	92	104
Total	963	1045	1031	965	990

Patient Visits Outside the Clinic

	1986	1987	1988	1989	1990
New Cases	1685	1753	1909	1941	1938
Reviews Reported	16498	15451	15150	15210	15665

The above cases are registered and followed by the cancer clinic through community physicians and are not normally seen in the clinic.

Saskatoon Cancer Centre Statistics

Statistics

Patient Visits

	1986	1987	1988	1989	1990
New Cases	1519	1421	1325	1131	1339
Review Cases	13482	14351	13391	14524	16364
Radiotherapy	17106	15858	15360	16063	17276
Chemotherapy*		2890	2964	2918	3576

* A system for chemotherapy to collect information on the number of intravenous treatments was implemented in 1987 (pediatric cases not included).

Number of Patients Treated by External Radiation

	1986	1987	1988	1989	1990
Betatron	140	138	87	0	0
Linear Accelerator	397	409	434	717	762
Cobalt	551	513	499	435	455
X-ray	27	42	58	81	75
Beta-ray	3	0	43	0	0
Total	1118	1102	1121	1233	1292

Patient Visits Outside the Clinic

	1986	1987	1988	1989	1990
New Cases	1583	1751	1964	2275	1994
Reviews Reported	20423	18757	17184	18098	17960

The above cases are registered and followed by the cancer clinic through community physicians and are not normally seen in the clinic.

Statistical Tables

New Cancers by Site, Sex and Age Group — 1990

SITE	Sex	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total
Lip	M	0	0	0	0	0	0	1	0	1	2	3	7	6	8	11	12	7	6	64
	F	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	2	0	5
Oral Cavity	M	0	0	0	0	0	0	0	0	2	2	1	3	2	3	4	4	2	2	25
	F	0	0	0	0	0	1	0	0	0	1	3	3	3	5	1	0	2	1	20
Pharynx & Nasopharynx	M	0	0	0	0	0	0	0	1	2	0	2	2	4	3	1	2	2	1	20
	F	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	3
Oesophagus	M	0	0	0	0	0	0	0	0	0	1	3	0	2	4	4	7	5	3	29
	F	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	3	1	3	11
Stomach	M	0	0	0	0	0	0	1	0	0	1	4	8	3	11	17	11	10	4	70
	F	0	0	0	0	0	1	0	1	0	1	1	1	3	5	3	7	3	6	32
Small Intestine	M	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	1	1	1	10
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	3
Colon	M	0	0	0	0	0	0	0	1	6	7	7	15	21	19	28	36	33	23	196
	F	0	0	0	0	0	0	0	2	1	2	9	12	12	28	29	29	22	24	170
Rectum	M	0	0	0	0	0	0	0	1	0	5	7	8	7	22	18	19	10	14	111
	F	0	0	0	0	0	0	0	0	2	2	1	10	4	12	8	15	10	14	78
Liver	M	0	0	0	0	1	1	0	1	0	0	0	0	2	5	3	4	2	3	22
	F	0	0	0	0	0	0	0	0	0	0	1	1	1	5	7	6	6	2	29
Pancreas	M	0	0	0	0	0	0	0	0	1	2	1	3	5	9	7	9	6	4	48
	F	0	0	0	0	0	0	0	0	0	1	2	6	3	12	12	8	12	5	61
Larynx	M	0	0	0	0	0	0	0	0	0	0	1	4	9	2	2	4	2	3	27
	F	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	0	0	4
Lung	M	0	0	0	0	0	1	0	2	7	8	27	27	53	80	85	59	35	18	402
	F	0	0	0	0	0	0	2	1	6	5	11	17	34	35	21	16	8	9	165
Breast	M	0	0	0	0	0	0	1	0	0	2	0	0	0	0	1	1	0	1	6
	F	0	0	0	0	0	4	11	19	34	32	44	72	62	92	85	66	32	40	593
Prostate	M	0	0	0	0	0	0	0	0	1	1	6	24	56	80	99	130	84	59	540
Testis	M	1	0	0	1	2	5	7	4	3	0	0	0	2	0	0	1	0	0	26
Other Male Organs	M	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	2	0	0	6
Cervix (Invasive)	F	0	0	0	0	1	6	2	10	9	7	0	4	1	4	3	5	4	1	57
Uterus	F	0	0	0	0	0	1	0	2	2	2	6	8	9	16	17	9	9	3	84
Ovary	F	0	1	0	1	1	2	1	3	6	4	4	12	8	6	9	11	2	3	76
Other Female Organs	F	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	2	1	0	6
Other Urinary Organs	M	1	0	0	0	0	0	2	4	0	1	9	8	7	14	13	11	7	3	80
	F	1	1	0	0	0	1	0	2	1	1	4	2	7	7	7	7	8	5	54
Urinary Bladder	M	0	0	0	0	0	0	0	3	3	5	4	13	18	26	22	19	19	15	147
	F	0	0	0	0	0	0	0	0	3	1	1	2	5	5	13	6	4	7	47
Malignant Melanoma	M	0	0	0	0	0	0	0	5	4	2	3	6	4	6	6	2	0	3	41
(Skin)	F	0	0	0	1	0	2	2	5	5	5	4	2	2	3	5	3	3	2	44
Brain and	M	4	1	0	0	1	1	0	0	2	3	5	5	2	3	2	2	0	0	31
Nervous System	F	1	1	2	1	2	3	1	1	2	1	2	0	0	4	2	1	0	0	24
Thyroid	M	0	0	0	0	0	0	1	2	3	4	2	3	1	1	4	2	0	0	23
	F	0	0	0	1	2	2	3	4	4	4	2	2	3	2	1	2	0	1	33
Bone and	M	1	0	0	1	0	0	0	0	0	1	1	0	0	0	0	5	1	0	10
Cartilage	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Soft Tissue	M	0	0	1	0	0	0	0	3	1	0	0	0	1	1	1	1	1	2	12
	F	0	0	0	0	2	0	0	0	0	1	1	2	0	0	1	2	2	0	11
Hodgkin's Disease	M	0	0	1	0	2	4	1	2	1	1	2	1	1	0	0	1	0	0	17
	F	0	0	1	2	0	2	1	2	1	1	0	1	0	2	0	1	0	0	14
Lymphoid Tissue	M	1	0	1	0	0	1	1	4	2	0	3	14	8	8	8	12	9	6	78
	F	0	1	1	0	0	0	1	0	5	3	5	9	7	11	12	10	7	4	76
Leukemia	M	4	1	0	0	0	1	1	0	3	1	2	4	9	15	10	10	7	3	71
	F	1	2	2	1	3	2	2	0	0	2	4	5	2	11	8	11	4	1	61
Multiple Myeloma	M	0	0	0	0	0	0	0	0	0	3	0	2	0	7	5	4	6	0	27
	F	0	0	0	0	0	0	0	0	0	1	0	1	0	5	5	3	4	0	19
Miscellaneous	M	0	0	0	1	0	0	0	1	0	0	0	2	2	4	3	6	2	2	23
	F	0	1	0	0	0	0	1	2	1	0	1	1	1	3	3	0	1	4	19
Primary Unknown	M	0	0	0	0	0	0	1	1	0	3	0	3	4	9	7	12	5	6	51
	F	0	0	0	0	0	1	1	0	4	1	3	4	6	9	8	12	7	4	60
Total — All Sites	M	12	2	3	3	6	14	17	35	42	55	94	165	230	343	365	389	256	182	2,213
	F	3	7	6	7	11	28	28	55	88	78	110	179	178	288	266	235	154	139	1,860
Total Cases		15	9	9	10	17	42	45	90	130	133	204	344	408	631	631	624	410	321	4,073

Statistical Tables

Non-Melanoma Skins and In-Situ Cancers — 1990

SITE	Sex	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total
Skin	M	0	0	0	0	1	3	5	8	40	26	48	88	135	175	219	189	148	116	1201
	F	0	0	0	1	1	2	13	15	25	31	27	41	60	96	125	117	121	132	807
Cervix (in-situ)	F	0	0	0	1	2	4	11	5	1	0	1	3	1	1	0	0	0	0	30
Other In-Situ	M	0	0	0	0	0	0	2	0	3	3	0	5	13	18	20	19	9	6	96
	F	0	0	0	0	0	0	2	3	4	9	16	13	13	18	12	24	11	16	141
Total — All Sites	M	0	0	0	0	1	3	7	8	43	29	48	93	148	193	239	208	157	122	1299
	F	0	0	0	2	3	6	26	23	30	40	44	57	74	115	137	141	132	148	978
		0	0	0	2	4	9	33	31	73	69	92	150	222	308	376	349	289	270	2277

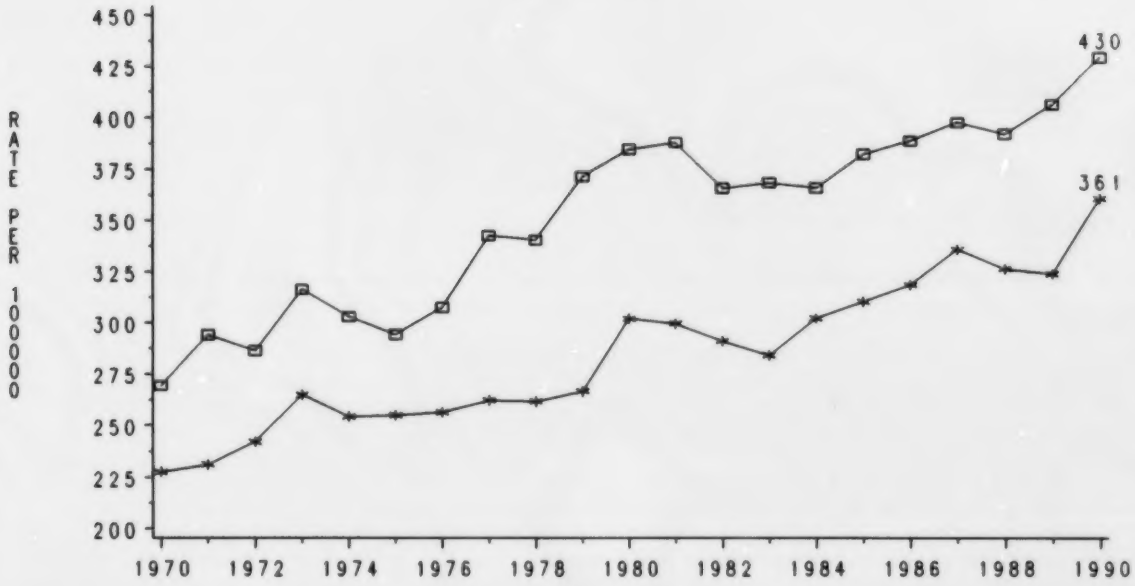
Incidence of Cancer Per 100,000 Population — 1990

Site	Total Population		Population at Risk	
	Male	Female	Male	Female
Lip	12.4	0.9	28.7	2.1
Oral Cavity	4.8	3.8	11.2	8.5
Pharynx and Nasopharynx	3.8	0.5	8.9	1.2
Oesophagus	5.6	2.1	13.0	4.6
Stomach	13.6	6.2	31.4	13.6
Small Intestine	1.9	0.5	4.4	1.2
Colon	38.0	33.0	88.1	72.5
Rectum	21.5	15.1	49.9	33.2
Liver	4.2	5.6	9.8	12.3
Pancreas	9.3	11.8	21.5	26.0
Larynx	5.2	0.7	12.1	1.7
Lung	78.1	32.0	180.8	70.3
Breast	1.1	115.1	2.6	252.9
Prostate	104.9	—	242.9	—
Testis *	5.0	—	6.6	—
Other Male Organs	1.1	—	2.6	—
Cervix (Invasive) †	—	11.0	—	15.9
Uterus	—	16.3	—	35.8
Ovary	—	14.7	—	32.4
Other Female Organs	—	1.1	—	2.5
Other Urinary Organs	15.5	10.4	35.9	23.0
Urinary Bladder	28.5	9.1	66.1	20.0
Malignant Melanoma (skin)	7.9	8.5	18.4	18.7
Brain and Nervous System	6.0	4.6	13.9	10.2
Thyroid	4.4	6.4	10.3	14.0
Bone & Cartilage	1.9	0.1	4.4	0.4
Soft Tissue	2.3	2.1	5.3	4.6
Hodgkin's Disease	3.3	2.7	4.3	3.5
Lymphoid Tissue	15.1	14.7	35.0	32.4
Leukemia	13.7	11.8	31.9	26.0
Multiple Myeloma	5.2	3.6	12.1	8.1
Miscellaneous	4.4	3.6	10.3	8.1
Primary Unknown	9.9	11.6	22.9	25.5
Total — All Sites	430.0	361.3	995.8	793.3
Total — All Sites — Both Sexes	395.6		891.8	

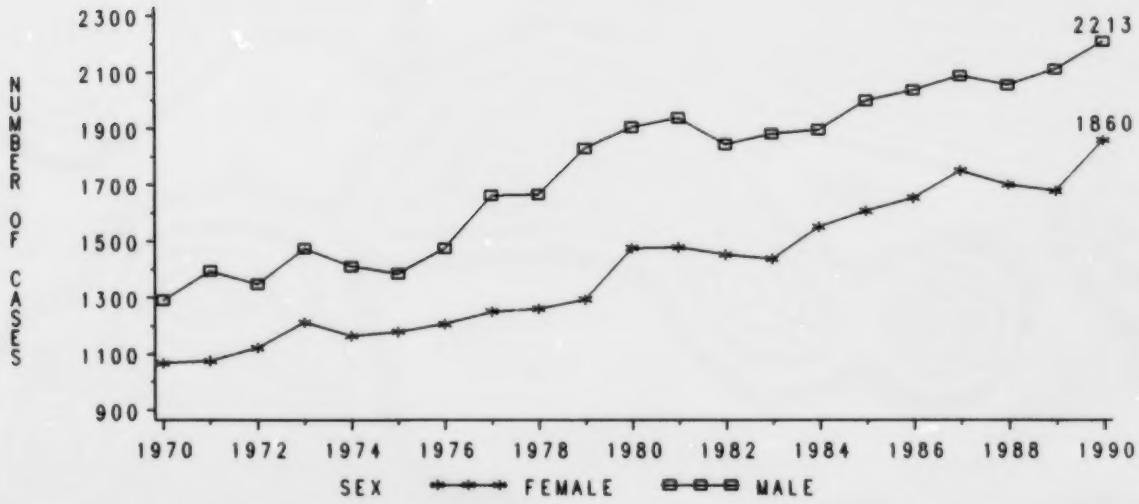
Note (1) Crude incidence rates based on Saskatchewan Health Covered Population, 1990.
(2) Population at risk is 35 years of age and older, except: * 15 years and older, † 20 years and older.

Statistical Tables

PROVINCIAL INCIDENCE
1970 – 1990



NUMBER OF CASES
1970 – 1990



NON–MELANOMA SKIN AND IN–SITU CASES EXCLUDED

Financial Statements

Year Ended March 31, 1991

AUDITOR'S REPORT

To the Members of the Legislative Assembly
of Saskatchewan

I have audited the balance sheet of the Saskatchewan Cancer Foundation as at March 31, 1991 and the statements of revenue and expenditure and fund balance for the year then ended. These financial statements are the responsibility of the Foundation's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 1991 and the results of its operations and the changes in its financial position for the year then ended in accordance with the accounting principles disclosed in Note 2 to the financial statements.

W. K. Strelioff

W. K. Strelioff, C.A.
Provincial Auditor

Regina, Saskatchewan
August 20, 1991

Financial Statements

Year Ended March 31, 1991

Statement 1

SASKATCHEWAN CANCER FOUNDATION
BALANCE SHEET

As At March 31

	1991							1990
	General Fund	Screening Program for Breast Cancer	Major Equipment Grant Fund	Saskatoon Clinic Construction Fund	Research Fund	Trust Fund	Total	Total
Assets								
Current:								
Cash and short-term investments	$ 2,293,205	$ 510,418	$ 580,285	$ 5,297	$ 917,523	$ 1,373,159	$ 5,679,887	$ 4,324,140
Accounts receivable:								
— Department of Health	201,800	—	—	—	—	—	201,800	1,100,000
— Other and accrued interest	182,048	10,848	—	—	69,187	20,187	282,270	493,359
Prepaid Expenses	40,549	—	—	—	4,350	170	45,069	104,238
Due (to) from other funds	121,896	(24,604)	—	—	(88,701)	(8,591)	—	—
	2,839,498	496,662	580,285	5,297	902,359	1,384,925	6,209,026	6,021,737
Fixed Assets (Note 4)	19,703,536	640,403	—	—	167,723	—	20,511,662	21,296,846
	$ 22,543,034	$ 1,137,065	$ 580,285	$ 5,297	$ 1,070,082	$ 1,384,925	$ 26,720,688	$ 27,318,583
Liabilities and Equity								
Liabilities:								
Accounts Payable:								
— Trade	$ 1,533,073	$ 90,810	$ —	$ —	$ 23,352	$ 11,620	$ 1,658,855	$ 1,675,650
Deferred Revenue	4,144	—	—	—	3,493	—	7,637	56,341
	1,537,217	90,810	—	—	26,845	11,620	1,666,492	1,731,991
Equity:								
Fund balance (Statement 3)	21,005,817	1,046,255	580,285	5,297	1,043,237	1,373,305	25,054,196	25,586,592
	$ 22,543,034	$ 1,137,065	$ 580,285	$ 5,297	$ 1,070,082	$ 1,384,925	$ 26,720,688	$ 27,318,583

(See accompanying notes to the financial statements)

Financial Statements
Year Ended March 31, 1991

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended March 31

Statement 2

	1991							1990
	General Fund	Screening Program for Breast Cancer	Major Equipment Grant Fund	Saskatoon Clinic Construction Fund	Research Fund	Trust Fund	Total	Total
Revenue:								
Grants								
— Department of Health	$22,919,927	$ 1,500,000	$ —	$ —	$ 376,000	$ —	$24,795,927	$21,356,898
— Other	56,000	—	—	—	185,026	—	241,026	179,773
Donations and bequests	—	—	—	—	—	164,854	164,854	169,939
Investment income	—	65,435	56,564	—	110,057	156,496	388,552	290,579
Other income	341,212	82	—	—	—	—	341,294	320,934
	23,317,139	1,565,517	56,564	—	671,083	321,350	25,931,653	22,318,123
Expenditures:								
Clinics and general administration								
Salaries and employee benefits	10,658,300	459,248	—	—	—	—	11,117,548	9,434,806
Medical services	5,551,699	11,194	—	—	—	—	5,562,893	4,835,729
Drugs and medical supplies	4,294,806	—	—	—	—	—	4,294,806	3,626,769
Purchased services								
— laboratory services	419,272	—	—	—	—	—	419,272	351,494
— diagnostic radiology	471,571	—	—	—	—	—	471,571	596,424
— isotope services	214,067	—	—	—	—	—	214,067	205,445
— operating room services	101,550	—	—	—	—	—	101,550	102,213
Computer services	187,812	3,692	—	—	—	—	191,504	176,877
Building, equipment and leasehold alterations	131,418	631,997	—	17,372	—	76,141	856,928	288,113
Postage, printing and stationery	140,605	70,448	—	—	—	1,281	212,334	170,647
Repairs and maintenance	206,693	4,026	—	—	—	—	210,719	273,412
Telephone	126,791	37,303	—	—	—	—	164,094	127,047
Travel and staff development	161,106	24,192	3,342	—	—	9,486	198,126	137,888
Utilities	286,408	—	—	—	—	—	286,408	212,830
Other expenditures	837,502	167,454	—	—	—	13,366	1,018,322	818,151
Grants:								
Research grants (Schedule 1)	—	—	—	—	647,011	—	647,011	397,937
Trust Fund grants	—	—	—	—	—	97,400	97,400	42,060
	23,789,600	1,409,554	3,342	17,372	647,011	197,674	26,064,553	21,797,842
Excess of revenue over expenditure (expenditure over revenue) — to Statement 3	$ (472,461)	$ 155,963	$ 53,222	$ (17,372)	$ 24,072	$ 123,676	$ (132,900)	$ 520,281

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF FUND BALANCE
Year Ended March 31

Statement 3

	1991							1990
	General Fund	Screening Program for Breast Cancer	Major Equipment Grant Fund	Saskatoon Clinic Construction Fund	Research Fund	Trust Fund	Total	Total
Accumulated surplus:								
Balance, beginning of year	$ 1,389,053	$ 249,889	$ 527,063	$ 22,669	$ 851,443	$ 1,249,629	$ 4,289,746	$ 3,456,898
Add (deduct): Excess of revenue over expenditure (expenditures over revenue) (Statement 2)	(472,461)	155,963	53,222	(17,372)	24,072	123,676	(132,900)	520,281
Add: Investment income	385,689	—	—	—	—	—	385,689	312,567
Balance, end of year	1,302,281	405,852	580,285	5,297	875,515	1,373,305	4,542,535	4,289,746
Equity in fixed assets:								
Balance, beginning of year	21,125,024	68,221	—	—	103,601	—	21,296,846	22,760,951
Add: Fixed assets purchased by:								
— General Fund - net of disposal	123,131	—	—	—	—	—	123,131	147,116
— Major Equipment Grant Fund	—	—	—	—	—	—	—	21,390
— Saskatoon clinic construction fund	17,372	—	—	—	—	—	17,372	—
— Research fund (note 5)	—	—	—	—	109,128	—	109,128	14,325
— Trust fund	65,996	—	—	—	—	—	65,996	60,039
— Screening program for breast cancer	—	631,997	—	—	—	—	631,997	59,565
Add: Fixed assets donated	—	10,145	—	—	—	—	10,145	20,779
	21,331,523	710,363	—	—	212,729	—	22,254,615	23,084,165
Deduct: Provision for depreciation	(1,627,987)	(69,960)	—	—	(45,007)	—	(1,742,954)	(1,787,319)
Balance, end of year	19,703,536	640,403	—	—	167,722	—	20,511,661	21,296,846
Fund balance, end of year — to Statement 1	$21,005,817	$ 1,046,255	$ 580,285	$ 5,297	$ 1,043,237	$ 1,373,305	$25,054,196	$25,586,592

(See accompanying notes to financial statements)

SASKATCHEWAN CANCER FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS
March 31, 1991

1. **Legal Status of the Saskatchewan Cancer Foundation**

   The Foundation was created under provisions of The Saskatchewan Cancer Foundation Act, 1979 and commenced operations on August 1, 1979. As per Section 11 of the Act, the Foundation conducts a program for the treatment and prevention of cancer.

   Under Section 38 of the Act, the Foundation acquired ownership of the assets and rights and assumed responsibility for the debts, liabilities, and obligations of the Government of Saskatchewan and the Saskatchewan Cancer Commission relating to the operation of the clinics in Regina and Saskatoon under The Cancer Control Act.

2. **Significant Accounting Policies**

   These financial statements have been prepared on the accrual basis of accounting and include the following significant accounting policies:

   a) **Fixed Assets and Depreciation**

      The Saskatchewan Cancer Foundation utilizes fund accounting wherein all revenues and expenditures including those for fixed assets appear in the statement of revenue and expenditure. To maintain accountability for fixed assets, it is necessary to record them as assets with a corresponding entry to "equity in fixed assets". All fixed assets costing $300 or more are recorded in this manner.

      Fixed assets purchased through the Major Equipment Grant Fund, the Saskatoon Clinic Construction Fund and the Trust Fund are presented as assets of the General Fund. The exception is the Screening Program for Breast Cancer assets purchased from the Trust Fund which are reflected as assets of the Screening Program for Breast Cancer fund. These acquisitions are not included in the fixed asset expenditures of the General Fund but are recorded as expenditures in the Fund to which they apply. Assets purchased by the Research Fund and the Screening Program for Breast Cancer are recorded as assets of those Funds. Donated assets are recorded at their estimated cost as a credit to "equity in fixed assets".

      Fixed assets of the Foundation are depreciated on a straight-line basis over their estimated useful lives at rates ranging from 5% to 20% per annum. Upon disposal of assets, the carrying value of fixed assets is removed from the fixed assets and equity in fixed assets and proceeds are recorded as other revenue.

      As the acquisition of fixed assets is primarily financed by government grants, a provision for depreciation is not charged to operations but is charged to "equity in fixed assets" to reflect the decrease in the undepreciated cost of the fixed assets.

   b) **Grant Revenue and Final Settlement Adjustments — General Fund**

      Grant revenue from the Department of Health is recorded on the accrual basis in accordance with the funding policy determined by the Department. Adjustments to estimated surpluses or deficits, as determined in the annual settlement review by the Department, are accounted for in the year that they are determined as adjustments to accumulated surplus or deficit.

      In accordance with the funding policy of the Department, any operating surplus, exclusive of donations and investment income, is repayable to the Department after the final settlement review is complete. A deficit on operations is the responsibility of the Foundation unless a prior commitment for reimbursement has been recognized by the Department.

c) **Investment Income — General Fund**

Department of Health (Hospital Services Branch) permits the Saskatchewan Cancer Foundation to retain investment income earned during the year. Interest income is therefore shown in the Statement of Fund balance in order to reflect only the operating activities of the General Fund in the statement of Revenue and Expenditure.

d) **Research Grants**

Research grants, awarded by the Foundation to approved research projects, are charged to expenditure in the year in which costs are incurred on the projects (See Note 5).

e) **Donations**

All donations are treated as revenue of the Trust Fund, which has specifically been established to administer such revenue and related expenditures.

Certain contributions to the Trust Fund are designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Foundation maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized (See Note 3).

3. **Restricted Trust Funds**

At March 31, 1991, a balance of $198,324 ($170,360 at March 31, 1990) remained to be used for the purposes designated by the contributors.

4. **Fixed Assets**

	1991			1990
	Cost	Accumulated Depreciation	Net Book Value	Net Book Value
a) General Fund				
Land & improvements	$ 285,002	$ 3,420	$ 281,582	$ 282,021
Buildings	18,174,932	3,202,786	14,972,146	15,863,596
Leasehold alterations	471,777	173,804	297,973	317,908
Equipment & furniture	11,023,349	6,871,514	4,151,835	4,661,499
	$ 29,955,060	$ 10,251,524	$ 19,703,536	$ 21,125,024
b) Breast Screening				
Leaseholds	$ 82,494	$ 5,486	$ 77,008	$ —
Equipment and furniture	639,992	76,597	563,395	68,221
	$ 722,486	$ 82,083	$ 640,403	$ 68,221
c) Research Fund				
Equipment and furniture	$ 430,028	$ 262,305	$ 167,723	$ 103,601

5. **Research Fund**

The Department of Health has provided grants to enable the Foundation to support a number of research projects. The Department has attached the following guidelines to the grants:

a) expenditure of grant funds will be at the discretion of the Foundation. The Foundation will assume responsibility for research costs in excess of the amount granted;

b) research funds, including investment income on the funds, will be kept separate from other funds of the Foundation.

The Foundation has met these guidelines by establishing the Research Fund, separate from other funds of the Foundation, from which research grants are made.

Included in Research Grants are expenditures totalling $109,128 (1990 - $14,325) for fixed assets required for certain research projects. Ownership of these assets is retained by the Foundation.

At March 31, 1991, the Research Fund was committed to expenditures totalling $599,851 ($338,696 at March 31, 1990), being the unexpended portion of approved research project awards.

6. **Major Equipment Grant Fund**

The Department of Health provided grant funds totalling $5,000,000, for the acquisition of certain major equipment, in the period 1983 to 1988. The funds are to be accounted for separately from other equipment grants made through the regular budgetary process thereby permitting any unexpended funds from a preceding year to be carried forward.

7. **Saskatoon Clinic Construction Fund and Saskatchewan Property Management Corporation**

Similar to the Major Equipment Fund, the funds for the Saskatoon Clinic Construction are to be accounted for separately from other funding made through the regular budgetary process.

Funding for capital projects is arranged through an agreement with the Saskatchewan Property Management Corporation (SPMC) and the Department of Health. Under the terms of the agreement, the repayment requirements of the obligation and the interest rate applicable to the funding received are determined from time to time by the Minister of Finance. The agreement states that the obligation of the Saskatchewan Cancer Foundation (SCF) is limited to an amount equal to the funds received from the Department for this repayment purpose and also provides for the repayment of these funds by the Department directly to SPMC on behalf of the SCF. Due to the nature of this arrangement, no liability is recorded in the financial statements of the SCF. Loan proceeds from SPMC are recorded as capital grants in the year in which they are received.

The balance of loans outstanding including accrued interest with respect to this financing arrangement at March 31, 1991 was $17,870,726 (March 31, 1990 - $17,980,231).

8. **Screening Program for Breast Cancer**

The Department of Health has agreed to provide grant funds totalling $1,868,000 for the period 1990 and 1991, for the sole purpose of operating two Pilot Projects on Breast Screening. The funds are accounted for as a separate fund in order to recognize the restrictions imposed on the use of these Funds. Funds provided for the year ended March 31, 1991 amounted to $1,500,000.

9. **Cancer Patient Lodges**

The Canadian Cancer Society, Saskatchewan Division, has donated two cancer patient lodges in the province to the Foundation. Under the terms of the agreement with the Society, the Foundation has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Foundation so long as they are operated as cancer patient lodges.

10. ***Related Party Transactions***

Included in these financial statements are income and expense amounts resulting from routine operating transactions conducted at prevailing market prices with various Crown-controlled hospitals, departments, agencies and corporations with which the Foundation is related. Account balances resulting from these transactions are included in the balance sheet and are settled on normal trade terms.

In accordance with a signed agreement with the South Saskatchewan Hospital, the Foundation has not been charged with occupancy costs relating to a cancer clinic, but leases the clinic for $1 per year.

The Saskatoon Clinic owned by the Foundation is situated on land which is not owned by the Foundation. The Foundation is not charged for the use of this land. Accordingly, no provision for this cost is reflected in these financial statements.

11. **Comparative Information**

Certain 1990 balances have been reclassified to conform with the current year's presentation.

SASKATCHEWAN CANCER FOUNDATION
RESEARCH FUND
SCHEDULE OF RESEARCH GRANTS

Schedule 1

Year Ended March 31

	1991	1990
Participation in North Central Cancer Treatment Group	$ 223,797	$ 130,498
Extension of Treatment Planning Function, Regina	—	12,866
Radiotherapy Automation Project, Regina	(160)	38,103
Participation in Children's Cancer Study Group	98,526	63,786
Leukemias and Non-Hodgkin's Lymphomas, Saskatoon	39,371	31,803
Flow Cytometer/Cell Sorter, Saskatoon	20,696	15,853
Evaluation of In Vitro Chemosensitivity, Regina	44,313	59,834
Philips SL25 - Related Software Development, Saskatoon	—	14,348
Development of Quantitative Radionuclide Cardiography, Regina	—	2,507
Trends in Survival: Saskatchewan 1967-86, Regina	7,113	5,562
Radiosensitizers — BUdR in Cerebal Gliomas, Saskatoon	2,896	14,126
Automatic TPR Phantom, Regina	—	8,651
Pesticide Exposure and Cancer in Females, Saskatoon	28,994	—
Automatic TPR Water Phantom	36,746	—
Oral Contraceptive Use & Breast Cancer, Saskatoon	5,473	—
Monte Carlo Simulation of Radiotherapy Machines & Accessories, Regina	2,249	—
Research Director Discretionary Fund, Saskatoon	92,675	—
Trial of High Dose Acetaminophen, Saskatoon	4,991	—
Surface Markers of Metatastic Cells in Human Tumors, Saskatoon	5,377	—
Evaluation of Activity Toward Human Tumor Cell of Investigational Disulfides, Regina	11,666	—
Optical Surface Measurement, Regina	4,392	—
Production of Novel Bispecific Antibody for Immunotherapy of Cancer, Regina	17,896	—
	$ 647,011	$ 397,937

Sylvia Fedoruk Prize in Medical Physics

Dr. Sylvia O. Fedoruk, a Medical Physicist who gave 35 years of dedicated and distinguished service to the Saskatchewan Cancer Program, retired in December, 1986. On the occasion of Dr. Fedoruk's retirement, the Board of the Cancer Foundation announced the establishment of the Sylvia Fedoruk Prize in Medical Physics in her honour and in recognition of her contribution. Dr. Fedoruk's quality leadership was not restricted to the cancer program but extended to have a positive influence in the medical physics community, her city, province and country. These leadership qualities were epitomized in 1988 when she became Saskatchewan's 17th Lieutenant Governor.

This annual award is presented to the author selected as having published the best paper in Medical Physics in the preceding year, and must relate to work carried out within a Canadian institution. An anonymous selection committee, appointed jointly by the Canadian College of Physicists in Medicine and the Division of Medical and Biological Physics of the Canadian Association of Physicists, reviews the entries and recommends the successful candidates.

The award has been presented to:

1988 ROBERT NISHIKAWA, GORDON MAWDSLEY, AARON FENSTER, MARTIN YAFFE, co-authors of the paper "Scanned- Projection Digital Mammography", published in **Medical Physics.**

1989 T. R. MACKIE, A. F. BIELAJEW, D.W.O ROGERS, J. J. BATTISTA, co-authors of the paper "Generation of Photon Energy Deposition Kernels Using the EGS Monte Carlo Code", published in **Physics in Medicine and Biology.**

1990 DUNCAN GALBRAITH, author of the paper "Low-Energy Imaging with High-Energy Bremsstrahlung Beams", published in **Medical Physics.**

Historical Background

1929 The Saskatchewan Medical Association appointed a committee to study facilities available in the Province for treatment of cancer and recommended to the Minister of Health that a cancer program be established.

1930 The Saskatchewan Cancer Commission Act was passed which authorized a Commission to establish a cancer control program in Saskatchewan.

1931 Consultative diagnostic treatment clinics were opened at the Regina General Hospital and the Saskatoon City Hospital.

1939 The Regina Cancer Clinic was relocated to the Regina Grey Nuns' Hospital.

1944 The Cancer Control Act replaced the Saskatchewan Cancer Commission Act, and provided treatment at provincial expense for persons who had been resident in the province for more than six months.

1945 Radioactive isotopes were introduced to a limited extent at the clinics.

1947 The Canadian Cancer Society provided a personal service worker at each clinic to help in the personal needs of the patient.

1948 The Regina clinic moved to a newly constructed wing of the Regina Grey Nuns' Hospital and was named the Allan Blair Memorial Clinic in recognition of the contribution of the late Dr. Allan W. Blair to the program.

1949 A 25 million electron volt betatron was installed at the University of Saskatchewan and became available for treatment of patients with advanced cancer.

1951 The first cobalt unit in the world was designed and installed at the Saskatoon Cancer Clinic.

1954 The cancer clinic in Saskatoon was moved to the newly constructed University Hospital.

1958 Treatment was extended as an insured benefit to persons who had been resident in the province for more than three months.

1962 Insured benefits for cancer treatment were extended to Saskatchewan residents who received treatment outside the province.

1963 Renovation and expansion of radiotherapy facilities at the Allan Blair Memorial Clinic were completed.

1966 Insured benefits were extended to landed immigrants from the day of arrival.

1970 The Minister of Public Health established a study team to review and examine all aspects of cancer care in Saskatchewan and the report was made available in 1972.

1972 A new radiotherapy facility was opened at the Saskatoon Cancer Clinic which included a new 42 million electron volt betatron.

1973 The Cancer Control Act was amended to provide for the establishment of trust funds which could receive gifts, donations, bequests or grants.

1975 Nuclear medicine services were transferred from the cancer program to the Boards of the University Hospital and the South Saskatchewan Hospital Centre as hospital-based services.

Historical Background

1978 Dr. T. A. Watson completed a study titled "A Report on Some Aspects of the Saskatchewan Cancer Program". Several recommendations were made in the report including the establishment of the Saskatchewan Cancer Foundation to replace the Cancer Commission and the purchase of a linear accelerator for the Allan Blair Memorial Clinic.

Construction was completed on the expanded and renovated radiotherapy facilities at the Allan Blair Memorial Clinic.

1979 The Saskatchewan Cancer Foundation Act was passed establishing a Foundation to replace the Cancer Commission. Under this Act, the Foundation conducts a program for the diagnosis, prevention and treatment of cancer.

1980 Renovations to the Allan Blair Memorial Clinic were started beginning with the chemotherapy treatment area.

1981 A Siemens 20 MeV Linear Accelerator was installed at the Allan Blair Memorial Clinic.

Construction of a 28 bed patient lodge in Saskatoon was begun.

1982 The newly renovated Allan Blair Memorial Clinic was officially opened on June 22, 1982.

1983 On April 8, 1983, the first Saskatchewan patient lodge was officially opened in Saskatoon.

1985 On July 12, 1985 the second Saskatchewan patient lodge was officially opened in Regina.

A Siemens 4 MeV Linear Accelerator was installed at the Allan Blair Memorial Clinic.

1986 Construction commenced on the new clinic in Saskatoon.

The Foundation established the "Sylvia Fedoruk Prize in Medical Physics" to honour Sylvia O. Fedoruk on the occasion of her retirement.

The National Cancer Institute (Canada) presented the Terry Fox Regional Development Award jointly to the University of Saskatchewan's College of Medicine and the Saskatchewan Cancer Foundation.

1988 The new Saskatoon Cancer Clinic opened, with official opening ceremonies held on September 19, 1988.

1990 The Screening Program for Breast Cancer became an early detection program of the Saskatchewan Cancer Foundation.

The Screening Program's Pilot Project was initiated with the establishment of a stationary centre in Regina and a mobile unit covering an area north of Saskatoon from Hudson Bay to North Battleford.